



July 11, 2019

Ms. Ellen Corbin
Executive Director
Liberty Lutheran Housing Development Corporation
250 North Bethlehem Pike
Ambler, Pennsylvania 19002

RE: The Village at Penn State
160 Lions Hill Road
State College, Pennsylvania 16803
License #: 229440

Dear Ms. Corbin:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 15, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 22944 - 02/15/2019 - Novak, Ryan
PCH Name: THE VILLAGE AT PENN STATE

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The licensing inspection summary dated 2/21/18 was not posted in a public conspicuous area of the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Plan Of Correction Requirement 2600.3(c)	Plan Detail
Change To Be Made	The Licensing Inspection Summary dated 2/21/18 has been posted in the dining area of the home.
Person Responsible To Make Change	Brenda Grimm, NHA, Personal Care Home Administrator
Effective Date Of Change	2/15/19
Process To Make Change	The Licensing Inspection Summary was placed in a labeled binder in the wall mounted bin that contains the other required documents.
System To Prevent Reoccurrence	The Personal Care Household Coordinator will perform a monthly inspection of documents that are required to be posted to ensure the Licensing Inspection Summary is posted in the proper location. The Personal Care Home Administrator will review the results of monthly inspections. Results of inspections will be discussed in QAPI meetings and the system will be revised as needed to improve compliance.
Staff Training	Staff will be re-educated to ensure they are aware of documents that are required to be posted and the locations of the postings.
Supporting Documentation Attached	Inservice material, Audit Tool

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Brenda S. Grimm</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Brenda S. Grimm	Date	4/15/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-6-19</u> (Date)	Plan of correction implementation status as of <u>6-6-19</u> (Date)
The above plan of correction was approved by <u>AG</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22944 - 02/15/2019 - Novak, Ryan
 PCH Name: THE VILLAGE AT PENN STATE

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Resident Room #'s 7 & 1 had enabler bars attached to the bed that were not covered, posing a possible limb entrapment.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Plan Of Correction Requirement 2600.81(b)	Plan Detail
Change To Be Made	Enabler bars on resident beds will be covered. Residents who refuse to allow the enabler bars to be covered will be given the choice of having the enabler bars removed or purchasing enabler bars that do not pose the hazard of possible limb entrapment.
Person Responsible To Make Change	Brenda Grimm, NHA, Personal Care Home Administrator
Effective Date Of Change	5/15/19
Process To Make Change	<ol style="list-style-type: none"> 1. Re-educate residents regarding choices. 2. Remove enabler bars, order covers or order and place alternate enabler bars.
System To Prevent Reoccurrence	The Personal Care Household Coordinator will perform a monthly inspection of resident beds to ensure that enabler bars in use are either covered or of the type that do not pose the hazard of possible limb entrapment. The Personal Care Home Administrator will review the results of monthly inspections. Results of inspections will be discussed in QAPI meetings and the system will be revised as needed to improve compliance.
Staff Training	Staff will be re-educated to ensure they understand the reason for enabler bars attached to resident beds to be covered or of the type that do not pose the hazard of possible limb entrapment.
Supporting Documentation Attached	Inservice material, Audit Tool

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/21/2018

Signature of Legal Entity Representative (Required on EVERY Page) *Brenda S. Grimm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brenda S. Grimm Date 4/15/19

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 (Date)

The above plan of correction was approved by AG
 (Initials)

Plan of correction implementation status as of 6-6-19
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22944 - 02/15/2019 - Novak, Ryan
 PCH Name: THE VILLAGE AT PENN STATE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 Resident #1 has an order for blood glucose testing 4 times daily. On 2/15/19 in the morning, all four readings on 2/14/19 and the lunch reading on 02/13/19 a glucometer from the skilled nursing center was used to test the residents blood. This glucometer was used to test more than one persons blood sugar.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Plan Of Correction Requirement 2600.85(a)	Plan Detail
Change To Be Made	A blood glucose meter was ordered and has been received to be kept in stock. When a blood glucose meter is not functioning properly it will be discarded and a new blood glucose meter used. Staff will not borrow a meter from another resident.
Person Responsible To Make Change	Brenda Grimm, NHA, Personal Care Home Administrator
Effective Date Of Change	4/1/19
Process To Make Change	<ol style="list-style-type: none"> 1. A blood glucose meter was ordered and has been received to be kept in stock. 2. Additional meters will be ordered as needed to ensure availability.
System To Prevent Reoccurrence	The Personal Care Household Coordinator will perform a monthly inspection to ensure there is a new blood glucose meter available for use and will perform random audits at least monthly to ensure blood glucose meter readings match the MAR. The Personal Care Home Administrator will review the results of monthly inspections and audits. Results of inspections and audits will be discussed in QAPI meetings and the system will be revised as needed to improve compliance.
Staff Training	Staff will be re-educated to ensure they understand the reason blood glucose meters cannot be used to test more than one resident's blood sugar.
Supporting Documentation Attached	Inservice material, Audit Tool

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Brenda S. Grimm*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brenda S. Grimm* Date *4/15/19*

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Violation Report: 22944 - 02/15/2019 - Novak, Ryan
 PCH Name: THE VILLAGE AT PENN STATE

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The following exit doors are locked with a magnetic lock that is operated by a key pad with the code posted next to it: exit near room #5, the main entrance of the home, and the doors that lead to skilled. It has been determined through interviews with staff and direct observation that resident #2 & #3 would not be able to operate the code to exit the home.

The door that exits to the enclosed courtyard is not labeled "not an exit."

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Plan Of Correction Requirement 2600.121(a)	Plan Detail
Change To Be Made	Doors to egress routes will be unlocked to allow unobstructed exit. The door to the enclosed courtyard has been labeled "not an exit".
Person Responsible To Make Change	Brenda Grimm, NHA, Personal Care Home Administrator
Effective Date Of Change	5/15/19
Process To Make Change	1. Residents will be educated that they will no longer need to use a code to exit the personal care home. 2. Doors will be unlocked.
System To Prevent Reoccurrence	The Personal Care Household Coordinator will perform a monthly inspection to ensure doors remain unlocked. The Personal Care Home Administrator will review the results of monthly inspections and audits. Results of inspections will be discussed in QAPI meetings and the system will be revised as needed to improve compliance.
Staff Training	Staff will be re-educated to ensure they understand the reason the doors need to be unlocked.
Supporting Documentation Attached	Inservice material, Audit Tool

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brenda S. Grimm* Date *4/15/19*

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Violation Report: 22944 - 02/15/2019 - Novak, Ryan
 PCH Name: THE VILLAGE AT PENN STATE

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures are not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Plan Of Correction Requirement 2600.123(b)	Plan Detail
Change To Be Made	A copy of the home's emergency procedure has been posted in the dining area of the home.
Person Responsible To Make Change	Brenda Grimm, NHA, Personal Care Home Administrator
Effective Date Of Change	2/15/19
Process To Make Change	A copy of the home's emergency procedure was placed in a labeled binder in the wall mounted bin that contains the other required documents.
System To Prevent Reoccurrence	The Personal Care Household Coordinator will perform a monthly inspection of documents that are required to be posted to ensure the home's emergency procedure is posted in the proper location. The Personal Care Home Administrator will review the results of monthly inspections and audits. Results of inspections will be discussed in QAPI meetings and the system will be revised as needed to improve compliance.
Staff Training	Staff will be re-educated to ensure they are aware of documents that are required to be posted and the locations of the postings.
Supporting Documentation Attached	Inservice material, Audit Tool

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Violation Report: 22944 - 02/15/2019 - Novak, Ryan
 PCH Name: THE VILLAGE AT PENN STATE

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 At approximately 9:50am the homes medication cart was unlocked and accessible to the residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Plan Of Correction Requirement 2600.183(b)	Plan Detail
Change To Be Made	The medication cart was locked at the time it was found unlocked.
Person Responsible To Make Change	Brenda Grimm, NHA, Personal Care Home Administrator
Effective Date Of Change	2/15/19
Process To Make Change	Staff re-education occurred at that time.
System To Prevent Reoccurrence	The Personal Care Household Coordinator will perform random inspections of the medication cart at least monthly to ensure the cart is locked when not in use by staff. The Personal Care Home Administrator will review the results of monthly inspections and audits. Results of inspections will be discussed in QAPI meetings and the system will be revised as needed to improve compliance.
Staff Training	Staff will be re-educated to ensure they understand the requirement for the medication cart to be locked when not in use by staff.
Supporting Documentation Attached	Inservice material, Audit Tool

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Printed Name and Title of Legal Entity Representative
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